

# Important Advances in Clinical Medicine

## *Epitomes of Progress -- Psychiatry and Neurology*

*The Scientific Board of the California Medical Association presents the following inventory of items of progress in Psychiatry and Neurology. Each item, in the judgment of a panel of knowledgeable physicians, has recently become reasonably firmly established, both as to scientific fact and important clinical significance. The items are presented in simple epitome and an authoritative reference, both to the item itself and to the subject as a whole is generally given for those who may be unfamiliar with a particular item. The purpose is to assist the busy practitioner, student, research worker or scholar to stay abreast of these items of progress in Psychiatry and Neurology which have recently achieved a substantial degree of authoritative acceptance, whether in his own field of special interest or another.*

*The items of progress listed below were selected by the Advisory Panels to the Section on Psychiatry and Neurology of the California Medical Association and the summaries were prepared under their direction. (Members of the Panel are listed on page 54.)*

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## Psychiatry

### Current Use of Lithium Carbonate

IN RECENT YEARS, LITHIUM, now available as the carbonate for general prescription, has proved to be a valuable addition to the psychotropic drug armamentarium. It is particularly effective in rapidly curtailing the manic phase of manic-depressive illness, and is also generally agreed to be prophylactic against the recurrence of mania when given in maintenance dosage. Whether or not it has an anti-depressant effect is as yet a matter of controversy.

The candidate for lithium therapy must be screened for cardiac or renal impairment. Because of a relatively narrow therapeutic-toxic margin, care must be taken to maintain the serum lithium level below 2.0 mEq per liter. Once the dosage regimen is stabilized, however, less frequent serum lithium determinations are required, and significant central nervous system toxicity may be avoided by clinical alertness alone, since there are prodromata of drowsiness, coarse tremor, anorexia and slurred speech.

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### REFERENCES

- Schlagenhauf G, Tupin J, White RB: The use of lithium carbonate in the treatment of manic psychoses. *Am J Psychiatry* 123:201-206, Aug 1966
- Schou M, Amdisen A, Trap-Jensen J: Lithium poisoning. *Am J Psychiatry* 125:520-527, Oct 1968